

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/20/03.

## I. DISPUTE

Whether additional reimbursement is recommended for the CPT codes and dates of service listed below. Carrier denied services as “F-Fee Guideline MAR reduction. E-Entitlement to benefits.”

## II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/26/03	97250	\$43.00	\$0.00	E	\$43.00	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3) 133.307 (j)(G)(2)	There is no TWCC-21 filed disputing entitlement, therefore services will be reviewed per the MFG. Relevant information indicates services were rendered per the MFG. Reimbursement is recommended in the amount of <b>\$43.00</b> .
03/26/03	97265	\$43.00	\$0.00	E	\$43.00	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3) 133.307 (j)(G)(2)	There is no TWCC-21 filed disputing entitlement, therefore services will be reviewed per the MFG. Relevant information indicates services were rendered per the MFG. Reimbursement is recommended in the amount of <b>\$43.00</b> .
03/26/03	97122	\$35.00	\$0.00	E	\$35.00 each 15 minutes	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3) 133.307 (j)(G)(2)	There is no TWCC-21 filed disputing entitlement, therefore services will be reviewed per the MFG. Relevant information indicates services were rendered per the MFG. Reimbursement is recommended in the amount of <b>\$35.00</b> .
03/26/03	99213	\$48.00	\$0.00	E	\$48.00	MFG E/M (IV)	There is no TWCC-21 filed disputing entitlement, therefore services will be reviewed per the MFG. Relevant information indicates services were rendered per the MFG. Reimbursement is recommended in the amount of <b>\$48.00</b> .
03/26/03	97110	\$210.00	\$0.00	E	\$35.00 each 15 minutes	MFG MGR (I)(A)(10) 133.307(g)(3)(A-F)	<b>See Rationale below.</b>
03/24/03	72148-27-22	\$756.00	\$680.00	F	\$756.00	MFG Radiology (II)(C)(3)	Requestor billed modifier –27 for the technical component and –22 for the Extended MRI, which is 25 slices or more. Relevant information indicates services were delivered. Therefore, additional reimbursement is recommended in the amount of <b>\$76.00</b> .
<b>Totals</b>		\$1135.00	\$680.00				The Requestor is entitled to reimbursement <b>\$245.00</b> .

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.

Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR(I)(A)(10), no reimbursement is recommended for the date of service 03/26/03.

### **III. FINDINGS & DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97250, 97265, 99213, 72148-27-22 and 97122. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$245.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 07th day of June 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb